

Date: _____

FEE \$75.00

REQUEST FOR TRANSFER OF PERMIT(S)

CITY OF AMESBURY
HEALTH DEPT.
9 School St. – Amesbury, MA 01913
Telephone: 978-388-8134 Fax: 978-388-7874

Please Print

CURRENT OWNER INFORMATION

Name of Current Establishment: _____

Address of Current Establishment: _____

Current Name of Owner: _____ Tel. _____

PROPOSED OWNER INFORMATION

Name Change, if any: _____

Name of New Owner: _____

Address of New Owner: _____

Tel. # _____ **EMAIL ADDRESS:** _____

I/we are proposing to purchase and operate the above named establishment. The following permits are requested to be transferred (check all that apply):

_____ Food Service _____ Tobacco Sales _____ Dumpster _____ Other

Describe OTHER permits requested for transfer: _____

We also intend to apply for the following permits (itemize permits applied for):

Upon receipt of this transfer permit(s) application, the Health Dept. will conduct an inspection to determine a permit(s) transfer. The determination will occur within thirty (30) days of receipt of this filed application.

Name of Applicant (print)

Applicant Signature

Date

FOR OFFICE USE ONLY

Date of Review _____

Date of 1st Transfer Inspection _____

Date of 2nd Transfer Inspection _____

Approved: _____

John W. Morris, Health Director

Date

RECEIVED

